2007 FOR PROFIT CORPORATION

May 02, 2007 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # 540203** 05-02-2007 90052 033 ***150.00 ANIMAL CLINIC OF LITTLE HAVANA, INC. 40000 Mailing Address Principal Place of Business 7443 S.W. 24TH STREET 7443 S.W. 24TH STREET MIAMI, FL 33155-1403 MIAMI, FL 33155-1403 03272007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1830563 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent FERNANDEZ, YVONNE DO NOT WRITE 11765 S.W. 18TH STREET, #11 M!AMI, FL 33175 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 "OFFICERS AND DIRECTORS 10. тіп ғ NAME CORTINA, GLADYS SOTO 9101 S.W. 20TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL TITLE FERNANDEZ, MARIA SOTO NAME STREET ADDRESS 7240 SW 14ST CITY-ST-ZIP MIAMI, FL 00000. TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

FILED